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ACCEPTED MANUSCRIPT

Letter to the Editor:

Diabetes Foot Screening: *Current Practice and The Future*

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Abstract:

Foot screening is important in people with diabetes as it has been reported to be the cornerstone to saving the high risk foot. This screening must be performed by suitably qualified professionals if patients are to be correctly identified as high risk. This letter refers to the upsurge of short courses and training events which might not be appropriate to meet the requirements of this skilled task. In addition, the authors would like to highlight the need for further research to strengthen the existing guidelines.

Everyone agrees that diabetic patients foot screening is important as it has been reported to be the cornerstone to saving the high risk foot. It stands to reason, however that for it to be effective it must be performed correctly and appropriately if patients are to be correctly identified as high risk and ensured that they do not '*slip through the net'*. This clearly requires a clear skill set that must be learned through appropriate specialised training utilising evidence-based practice that goes far beyond that of basic clinical skills and that of a simple examination with a 10gram monofilament or pulse palpation to detect sensory or circulatory deficits. For, if one thinks about it, when assessing pulse palpation, what can this test tell us? Detecting a pulse does not necessarily imply that everything is in order – on the other hand, are we going to wait until the patient does not have a pulse before taking action?

The authors decided to write this letter after their attendance in some of the recent diabetes clinical meetings both in Europe and worldwide. There is an upsurge of ideas that a little training, sometimes attending 1.5 to a 2 day course, is enough to train any healthcare professional to effectively screen the diabetic foot. This puts every healthcare sector worker, ranging from clinical assistants, nurses, physiotherapists, occupational therapists, podiatrists, GPs and surgeons from various specialities all at one level which is clearly not the case. Whilst

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